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ABSTRACT

The handbook is intended to help professionals plan effective parent participation programs to increase involvement in their handicapped children's education. The manual asserts that parent involvement programs must be individualized to match the needs and characteristics of families involved. The manual consist of four major sections. The first addresses the importance of establishing parent-professional partnerships and views the process from a family systems perspective. Section 2 outlines a systematic process for collecting information through the Parent Needs Assessment Inventory (which is included). Section 3 describes different types of family involvement options (parent counseling, parent-provided programs, parent education, and direct participation programs). Suggestions are offered for organizing parent activities. The final section presents a system for developing and implementing individualized parent participation programs based on needs assessment data. (CL)

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Individualizing Parent & Professional Partnerships

Handbook

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INDIVIDUALIZING

PARENT & PROFESSIONAL

PARTNERSHIPS

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TABLE OF CONTENTS

Preface		iv
Acknowledgements		vi
I.	Parent-Professional Partnerships	1
	Background	1
	Meaning of Partnership	4
	Partnership Benefits	6
	Individualization Promotes Involvement	8
	Family Systems Approach	10
II.	The Assessment Plan	13
	Understanding Differences	13
	Collecting Information	14
III.	Family Involvement Options	26
	Identifying Program Options	26
	Organizing Parent Activities	31
IV.	Developing the IPPP	35
	From Needs Assessment to Planning	35
	Summary and Conclusions	42
	Recommendations	54
References		55
Appendices		
	A. PNAI	58
	B. Annotated Bibliography	63
List of Figures		65

LIST OF FIGURES

Figure 1 - Parent Needs Assessment Inventory (PNAI) 19

Figure 2 - Parent Needs Assessment Inventory (PNAI)
Part II: Family Involvement Options 36

Figure 3 - Parent Needs Assessment Inventory (PNAI)
Part III: Individualized Parent
Participation Programs 38

Figure 4 - Parent Needs Assessment Inventory (PNAI)
Part IV: Evaluation 39

Figure 5 - Parent Satisfaction Survey 41

Preface

This manual is an outcome of an applied research project designed to analyze parent involvement in intervention programs for handicapped children. Its purpose is to help professionals plan effective parent participation programs as a means of increasing the level of parent involvement. The major premise of this manual is that, to be realistic and meaningful, parent involvement programs must be individualized to match the needs and characteristics of the families involved.

The manual consists of four major sections. Chapter One focuses on the importance of establishing parent-professional partnerships in order to meet the complex needs of handicapped children. An important concept introduced in this section, and carried over throughout the manual, is that of working from a family systems approach in developing programs for children with special needs. Chapter Two outlines a systematic process for collecting information through a Parents' Needs Assessment Inventory. This tool allows professionals to collect pertinent program data related to parent involvement. The third section of the manual provides descriptions and examples of different types of family involvement options. This section is designed to widen the professionals' perspective on how to individualize parent involvement programs by working from a number of different approaches. The fourth, and last, section of the manual presents a system for developing and implementing individualized parent participation programs.

The ideas and suggestions presented in this manual are based on the outcomes of an applied research project which compared level of parent

involvement with the needs and characteristics of individual families. From the results, profiles of parents more likely to participate in specific types of activities were developed. The system outlined in this manual for individualizing parent participation programs is based, in large part, on these parent profiles. This research study focused on the parents of young handicapped children (birth through five-years of age) enrolled in an early childhood special education program. Many of the suggestions, however, for identifying family needs and developing individualized parent participation programs should be applicable to a larger population of parents.

It is hoped that professionals working with handicapped children will find these suggestions beneficial in their efforts to involve parents as partners in the intervention process.

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The ideas and information presented here are, in part, based upon the Developing Individualized Parent Participation Programs (IPPP) Project. This research project investigated factors related to parent involvement. The families who have children enrolled in the TPS EC/SE program generously gave their time and thoughts and feelings to this project. Without them, this report would not have been possible.

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CHAPTER ONE

PARENT-PROFESSIONAL PARTNERSHIP

BACKGROUND

The importance of parent involvement in intervention programs is recognized by human service agencies which provide services to handicapped children. This importance is reflected in the provisions for parent participation outlined in Public Law 94-142. Enacted in 1975, this law specifies that parents must be invited to become a part of the team which formulates their handicapped child's Individualized Education Plan (IEP). The law also says parents are to be included in team meetings that evaluate and assess the factors influencing program decisions.

This mandate, along with research findings attesting to the positive impact of parent involvement, has generated a surge of interest on the part of professionals. As a result, different approaches to working with parents have been developed. While many of these models seem workable on paper, in actual practice, they have not solved the problem of how to get parents actively involved in the intervention program. Professionals too often have reported that parents fail to show up for scheduled meetings, are neglectful in following through on home-therapy routines, fail to respond to phone calls or written communication, and are reluctant to provide input to the professional team regarding their special needs child (Edgar, Singer, Ritchie & Heggelund, 1981).

There are differences in the types of families with whom professionals come in contact. In fact, we can view family involvement along a continuum. Some families are very interested in their child's intervention program and are open to being actively involved in home- or center-based

activities. The professional's task in working with such families is to determine their special interests, needs and strengths and to provide involvement options that are meaningful to their particular situations.

Other families may be so overwhelmed by other concerns, such as employment or health problems that their child's program is not a priority. In such situations, professionals must be understanding toward what the family is experiencing and then provide involvement options that fit in with the other demands faced by these parents.

A third group consists of abusive or neglectful families. Identifying and working with such families can be very frustrating and stressful for professionals. Typical family involvement options are usually ignored by this group of families. The professional's responsibility in cases of suspected abuse and neglect is to make appropriate referrals and reports. Obviously, major differences in the types of families with whom professionals work dictate the necessity of planning individualized parent involvement options.

Parental non-involvement is sometimes attributed to apathy, time constraints or parents' denial of the handicapping condition (Sonnenchein, 1981). Another explanation is that some families may be so overwhelmed by other problems, such as financial worries, chronic illness or marital discord, that active involvement in their child's intervention program becomes unrealistic (Gallagher, Beckman & Cross, 1983). Other families may choose not to be involved because they feel it is the professionals' job to deal with the special needs child (Cansler, Martin, & Valand, 1975). These parents feel that it is best to turn over the task of intervention to professionals with specialized training. Such explanations are based on the premise that parents are recipients of services, not partners on an intervention team (Sonnenshein, 1981; and Wiegerink & Hocutt, 1983).

One of the first steps in developing effective parent-professional teaming is the need for all involved persons to view each other as equal partners. Professionals need to look at the reported problems of non-involvement from the parents' view point. Several studies have indicated that professionals are often negligent in discussing parent involvement options, and that parents aren't clear as to their role in the intervention process (Karnes & Teska, 1980; and Winton & Turnbull, 1981). Similar studies report that parental suggestions and ideas receive little consideration when individualized programs for their handicapped children are developed or when parent involvement activities are planned (Turnbull, 1983; and Sonnenshein, 1981). Some parents say that they avoid parent-professional interactions because of the amount of stress they experience in such situations (Gallagher, Beckman & Cross, 1983).

These reports indicate that parent involvement programs could be greatly improved. Approaching parent involvement from an equal-status partnership perspective is one major step in improving this situation. Professionals, working from this view, would plan parent involvement activities with, rather than for, parents. This manner of interacting with parents would demonstrate respect for input from everyone involved.

A willingness to give and to receive is important in building and maintaining an equal-status partnership. Sometimes, parent programs are characterized by professionals doing the giving and parents doing the receiving. Too often parents readily allow professionals to be in charge of giving information, providing support and identifying solutions to problems. As a result, parents tend to assume the role of receivers of information. Recent studies now suggest that such an approach to parent involvement is not very effective (Sonnenshein, 1981; and Wiegerink & Hocutt, 1983).

Another perspective, based on the concept of equal-status partnership, suggests that professionals need to receive from the relationship, too. They need to receive information, ideas and insights from parents. They need the support that comes from working together as a team. Rather than being the authority in problem-solving situations, professionals need to be a part of the decision-making process.

MEANING OF PARTNERSHIP

Participating in a partnership means more than just working together. The concept of partnership implies a sharing of risks, responsibilities and profits. Personal investment is involved in such sharing and greatly enhances the strength and significance of the relationship. When parents experience a personal investment in their child's intervention program, chances are they'll be more supportive, more willing to make and follow through on time and effort commitments, and more satisfied with the outcomes (Cansler, Martin & Valand, 1975).

Parents share in the risks of a partnership with professionals when their ideas and suggestions are given consideration and incorporated into their child's program. They share in the responsibilities when they assume a degree of ownership for their child's progress. And, they share in the profits when they see their child accomplish the goals and objectives outlined in their intervention program. Individuals entering into a partnership should expect to be actively involved in decision-making and program-evaluation activities. They can expect to have their ideas listened to, and their suggestions considered, on an equal-status basis with every other member involved. The following series of events illustrates an equal-status partnership in action.

A professional working with a developmentally handicapped four-year-old child phoned the parents to arrange an information-sharing meeting. She explained that during this meeting, assessment results and educational concerns were to be discussed. To help prepare the parents for this meeting, the following note which outlines the purpose of the meeting and the parents' roles was mailed to the family.

Just a note to remind you . . .

We're expecting you on Tuesday, September 20th at 2:30 p.m. The purpose of this meeting is to share information on how well Jimmy is doing in different areas of development and to discuss an Educational plan that will meet his special needs.

To help better understand your child and the concerns you may have for him, we'll be asking you to share some information with us about how Jimmy does at home. For example, we'll be interested in how Jimmy plays with other children -- does he just watch them; does he share toys with them; does he talk with them during play time? We'll also be asking you about how well Jimmy takes care of some of his own needs at home, especially in the areas of eating, dressing and going to the bathroom.

We're looking forward to meeting with you on Tuesday and discussing ways in which we can work together to meet Jimmy's needs. Please call 741-9576 if you cannot attend this meeting.

BEST COPY AVAILABLE

As illustrated in the above example, professionals involved in an effective parent-professional partnership understand and respect the rights and responsibilities of parents to make decisions on behalf of their handicapped child. They solicit and respond to input from parents with the same earnestness and consideration as they do input from other professionals. They view parent involvement as a process that goes beyond offering specific types of activities, such as parent education meetings, parent participation in the classroom and parent-provided bake sales. The emphasis of an effective parent-professional partnership is on the process of two-way communication in planning, decision-making and evaluating what is best for the handicapped child.

PARTNERSHIP BENEFITS

In the case of parents and professionals, more can be accomplished when they work collaboratively rather than separately. Effective partnerships produce better programs for handicapped children.

Some of the positive outcomes of an effective parent-professional partnership include:

1. improved child performance in academic, social and self-help skills (Karnes & Teska, 1980; and Sonnenshein, 1981).

2. greater competence and confidence on the part of the parents when working with their handicapped child (Garland, Stone, Swanson & Woodruff, 1981; and Karnes & Teska, 1980).

3. reduced stress and greater satisfaction on the part of professionals in their role as facilitators of the child's development (Karnes & Teska, 1980; and Sonnenshein, 1981).

Child performance generally improves with greater parent participation in intervention programs (Bronfenbrenner, 1979; Kroth & Scholl, 1978; and Shearer & Shearer, 1977). Common sense reasoning offers support for these findings as well. While therapy programs may take place a few hours per week, teachable moments abound in the home (Honig, 1978,). Involving parents as partners in the intervention program makes it possible to capitalize on those "teachable moments."

A sense of continuity and coordination in the child's training is enhanced when parents are involved in the intervention program. People generally learn by doing (e.g., children learn to walk by walking, not by watching other people walk or by listening to an explanation of how to walk). Parents, too, become competent dealing with the special needs of their handicapped child by taking an active role in planning and implementing an individualized intervention program.

Some professionals view parent involvement as a time-consuming and potentially stressful undertaking. While they might talk about wanting to get parents actively involved in their program, they may feel they really don't have time. Other professionals suggest that they have enough pressure without worrying about how to work with parents. Yet, working with parents as partners can result in reduced stress and greater satisfaction (Sonnenschen, 1981). Sharing tasks and responsibilities results in a lighter load for those professionals who tend to assume full responsibility for assessing, planning for, and working with handicapped children. A healthy parent-professional partnership results in feelings of comradeship which can be a source of support and satisfaction to all parties involved (Karnes & Teska, 1980; and Sonnenshein, 1981).

INDIVIDUALIZATION PROMOTES INVOLVEMENT

Too often, parent participation programs are not designed on an individual basis. Rather, a common practice in determining which parent programs to offer seems to be based on agency or professional preference.

Most programs are based on certain assumptions about parents. The first assumption is that, given a choice, parents will choose to be involved in what the professionals have to offer. A corollary of this assumption is that the parent does indeed agree that the professional knows what the parent needs to know. The following parent involvement objectives outlined by professionals are based on such assumptions:

. Parents will learn about the normal stages of language development.

. Parents will share their thoughts and feelings about having a handicapped child with other parents of handicapped children.

. Parents will volunteer their time to work with a group of children in the special education classroom.

. Parents will respond positively to their child's communication attempts.

. Parents will work with other parents in planning field trips and other special activities.

While the actualization of such objectives may be "just right" for the intervention program, they may be entirely unrealistic and inappropriate for some of the parents. The following examples illustrate this point:

Example #1

Lynn Coker works half-days as a kindergarten teacher in an elementary school near her home. She is divorced and the mother of a hearing-impaired eighteen-month old daughter. Her daughter, Stephanie, is enrolled in the county's preschool program for handicapped children. Amy Jones, a resource teacher from the county

office of education, visits Lynn and Stephanie in their home on a weekly basis. The curriculum for these home visits focuses on the program's three goals--hearing-aid management, auditory training and the development of communication skills.

While Lynn has expressed concern over Stephanie's screaming and hitting behaviors, Mrs. Jones rarely deviates from the structured curriculum. Over the past few weeks, her emphasis has been on developing a response to environmental sounds, such as a knock at the door or the telephone ringing. Ms. Jones' approach is to model a desired behavior (such as looking and pointing to the source of sound) and then asking Lynn to imitate the action. Lynn is then expected to continue modeling this behavior throughout the week.

Lynn has been very resourceful in finding the information she needs on hearing impairments, language development and hearing aid usage from reading materials available through the special education resource center. She now feels that many of the home visit sessions are little more than a waste of valuable time and is somewhat insulted by Ms. Jones' suggestions for a home therapy program.

Example #2

Ms. Jones also works with Tom and Rhonda Clark concerning their son, Jason. Jason is a profoundly deaf two-year old child and is one of six siblings in a family situation often troubled by financial worries, serious illnesses and a limited social and emotional support system. The Clarks find that maintaining working hearing aids for Jason is an almost impossible task for them. The aids are frequently mislaid or damaged and dead batteries are the rule rather than the exception. Frequent upheavals in the home and the day-to-day care giving demands of the family leave Tom and Rhonda Clark feeling helpless regarding Jason's condition. They politely listen to Ms. Jones as she makes suggestions and demonstrates desired behaviors, but readily dismiss what she had to offer as soon as she leaves.

While Ms. Jones' approach and the curriculum she used did not meet the needs of either Jason's or Stephanie's family situations, they may have been very appropriate for a different type of family. The professional's role in working with individual families is to adjust approaches, curriculum and expectations to the unique needs and characteristics of the families involved. When the professionals' expectations for a family are out of line with what that family can or will choose to do, parents may begin to

have negative feelings about the partnership. Professionals need to be aware of this and structure their behavior accordingly.

FAMILY SYSTEMS APPROACH

Thus far, we have discussed the importance of working with parents as equal-status partners and have identified the need for individualizing parent involvement programs. This section introduces another important concept--that of working from a family systems perspective.

The family systems approach recognizes the important role of every involved person in the success of a treatment program. Its basic premise is that events do not occur in isolation. Rather, they are interrelated. Individuals within a social network influence, and are influenced by, others within their social group. This approach can be illustrated by the domino effect, with one behavior triggering other behaviors.

Historically, individual children are identified as targets for intervention by the service providers involved with handicapped children, often within the educational and medical arenas (Foster, Berger & McLean, 1981). Parent involvement options offered by such child-centered intervention programs usually are designed to instruct parents as to the nature of their child's handicapping condition and to solicit parental assistance or approval in carrying out the therapeutic activities outlined by the professionals. As discussed previously, while such a child-centered approach to parent involvement activities may meet the professionals' concern for a more intensified intervention program, it may be inappropriate and counterproductive for the rest of the family (Foster, Berger & McLean, 1981). If an intensified, child-centered home intervention program interferes with the needs of other family members, thus producing greater stress in the

family's day-to-day living, then it probably will not be effective. In essence, the child does not get training and the family's needs go unmet.

Professionals working from a family systems approach must consider the interrelatedness of family members. They must recognize the fact that intervention with a child, or a parent and child, has significant ramifications for the other members of the family (Haley, 1976). They must plan their parent involvement programs according to what is appropriate and beneficial for the entire family. One of their goals must be to involve each family member in the intervention process.

Traditionally, parent involvement programs have focused on increasing parents' knowledge of child growth and development, and enhancing parenting skills. For example, monthly parent meetings offered through an early childhood special education program may address such topics as language development, behavior management, the value of play and making home-made toys. While such offerings are worthwhile and appropriate, from a family systems perspective, they may not be enough. These are all child-centered goals. As such the needs of the family receive little attention.

Parent involvement programs operating from a family systems approach attend to the collective needs of the family system. They focus on facilitating family functioning, in addition to addressing the more traditional child-centered goals. The rationale for such an approach is that family systems which are relatively healthy and functional are more able to carry through on family tasks and responsibilities (Lamb, et al, 1982). A well-functioning family system is one that fulfills the needs of individual members as well as the family as a whole. The net result of enhancing family functioning is an improved home-learning environment for the child.

Planning and implementing parent involvement programs from a family systems perspective requires more than offering a basic package of parent activities. Specific implications include the need to (1) continually assess family needs and characteristics, (2) individualize family programs, and (3) include all family members in the intervention process.

CHAPTER TWO

THE ASSESSMENT PLAN

UNDERSTANDING DIFFERENCES

The rationale for planning individualized parent participation programs is based on the premise that parents of handicapped children have different characteristics, needs and abilities. Some such differences are obvious; others are not. To do justice to parents, it's important to look beyond obvious differences such as socio-economic status, number of children in the family, etc. Of utmost importance in understanding parents is getting to know them as individuals (Berger & Fowlkes, 1980). Such knowledge cannot be obtained by reviewing cumulative folders or by telephone conversations alone. A comprehensive understanding of these individual differences occurs over time and after many contacts with families.

Professionals use a number of different assessment tools and observation techniques to ascertain individual differences in handicapped children, but seldom use an organized system for identifying individual differences in parents. Yet, understanding that such differences exist is the first step in planning parent involvement programs that are realistic and meaningful for the families involved. This section of the manual is designed to help professionals collect family information that is relevant to planning and implementing individualized parent participation programs.

The success of a parent program depends, to a large extent, on an accurate and complete assessment of individual family needs. Only after a careful needs identification can appropriate parent involvement activities be planned. The needs assessment process should be comprehensive enough to identify both expressed and assumed needs. Expressed needs are those

reported by parents and other family members. Assumed needs, on the other hand, are those which may not be expressed by the family but are known by others familiar with the family situation. One example of an assumed need may be understanding what is realistic for the handicapped child. Other assumed needs common to many parents of handicapped children include the need for appropriate day care services or the need to be aware of other community resources (Flynn, 1983).

COLLECTING INFORMATION

A comprehensive needs assessment process is best accomplished through a combination of formal and informal methods of collecting information. Surveys and questionnaires represent formal methods and can be directed to both parents and professionals. Informal methods include conversations or interviews with parents, as well as observations of parent behaviors. A good needs assessment packet for developing individualized parent programs would also solicit parent input on the degree and type of involvement they desire (Flynn, 1983). For example, some parents may feel that volunteering in a classroom is something they can and would like to do; yet other parents may feel very uncomfortable in such a situation. Still other parents would not have access to transportation, or would not be available because of employment responsibilities or younger children in the home.

When collecting information about families, it is important to remember that a complete picture of family needs will not be uncovered during the formal needs assessment period. Some of the most valuable information about families is often discovered only after an on-going trusting relationship has developed (Flynn, 1983).

The outcomes of an applied research project dealing with individualized parent participation programs (Mandell, 1984) suggest that a

comprehensive needs assessment of families involves four distinctive, yet overlapping, stages. These are the introductory, the assessment, the program development, and the monitoring stages.

Activities during the introductory stage focus on an exchange of information between the parent and the professional. The purpose of this exchange is to get to know each other. Professionals need to know, and be comfortable with an individual family before implementing a formal needs assessment. Parents need an understanding of what the program is all about before they can make any meaningful decisions on how they would like to be involved.

During the introductory stage, parents are asked to provide general information about themselves and their family situation. Name, address, type of employment, and other individuals living in the home represent the kinds of information solicited from the families at this point. While such information can be collected by way of a general enrollment form mailed to the parents, person-to-person contacts tend to be more effective in getting to know a family. Phone calls, interviews at the center, and home visits can all be used to solicit family background information. Of these, home visits are likely to be the most beneficial. The insights gained and the feelings of acceptance conveyed during these visits make the time and effort commitment a worthwhile investment.

One of the responsibilities of the professional during the introductory stage of the needs assessment process is to provide information about the program. An effective way of familiarizing parents with the program is to provide them with an easy-to-read packet of information which describes various program activities. Another introductory activity is viewing a slide show about the program. One part of the slide show could be devoted to ways in which parents can play an active role.

Activities occurring during the introductory stage tend to be somewhat formal in nature and often include group meetings, such as an open house, the distribution of information packets, and the use of various audio-visual materials. To accommodate families who may be unable to visit the center or benefit from written materials, home visits or phone calls can be used to share information about the program, as well as to collect information about the family.

What happens during the introductory stage of the assessment process can make a significant difference in how families respond to a parent involvement program.

Mutual feelings of understanding and trust are critical to a successful parent-professional partnership. A warm, informative introduction to the program can foster such positive feelings and minimize the chances that misunderstandings will occur on the part of either the parents or the professional. The introductory stage is also important for providing professionals with insights as to individual family needs and characteristics. Such insights assist the professional in deciding what parent involvement options need to be developed or modified to best serve the families involved.

Activities during the second stage of the needs assessment process focus on a more in-depth collection of information. Kinds of information solicited from the parents during this phase include their preferred method of communication, transportation availability, involvement with other agencies, and any factors limiting their level or type of involvement.

Information shared by the professional includes descriptions of different parent involvement options. An understanding of the family's individual situation guides the professional in determining what options would be appropriate for each family involved. Thus, not all parent

involvement options available through the program are offered to each family enrolled. In fact, for some families, individualized programs may be the only realistic option for active parent involvement. One family, for example, may not be able to attend any center-based activities due to illness or lack of transportation. This same family may not have access to a phone and might not be literate. If the professional is unable to make home visits, an alternative route to parent involvement may be to work through a volunteer. After a period of orientation and training, such a volunteer may be able to meet with the family on a regular basis. During these meetings, the volunteer may discuss the child's intervention program at the center and offer some ideas as to what the parents might do at home to reinforce desired skills.

The third phase of the assessment process is that of program development. It is during this phase that the professional plans an involvement program with the parents. The outcome of this stage is a written agreement between the parents and the professional. This agreement outlines the parent involvement activities to be implemented, along with the staff's and family's responsibilities in the implementation process.

This phase of the assessment process still requires additional assessment. The family continues to receive information about the program, and the professional gathers more or updated information about the family. This additional information may suggest a change, at any time, in what involvement activities are appropriate for an individual family.

The fourth stage of the assessment process focuses on monitoring the success of the involvement plan. Parents and professionals evaluate how well the involvement plan is working. They also evaluate their own behavior in relation to the implementation of the plan. The results of this evaluation

are then used to make recommendations for changes or further program development.

The Parents Needs Assessment Inventory (PNAI) has been designed to organize the four stages of the needs assessment process. Copies of this inventory are presented in Figure 1 and in Appendix A of this manual.

Figure 1

PARENT NEEDS ASSESSMENT INVENTORY (PNAI)*

Date_____

PART I: FAMILY BACKGROUND INFORMATION

1. Child's Name_____ Child's Date of Birth_____

2. Parent's or Guardian's Name_____

3. Home Address_____

_____

Home Phone_____

5. Work Address(es)_____

_____

6. Work Phone(s)_____

_____

7. Other individuals living in the home:

Name	Age	Relationship

8. To whom should agency send correspondence?_____

_____

9. Family preferred method of communication:
___ Telephone calls. If yes, time preferences_____
___ Mail. If yes, address_____
___ Send notes home with child. If checked, how child is to carry note home_____
_____
___ Other_____
_____

10. Transportation:
___ Has own transportation available for agency activities.
___ Has own transportation, but not available for agency activities.
___ Does not have own transportation.
___ Relies on family, friends or others for transportation.
___ Relies on public transportation.
___ Has no transportation opportunities.

11. Is family currently involved with other agencies? ___ Yes ___ No If yes:

Name of Agency	Type and Time of Services	Contact Person	Phone

12. Is family currently involved in family or community events that might limit involvement at this point in time? ___ No ___ Yes If appropriate, describe_____

_____

13. Has family received introductory information about the program? ___ No ___Yes
___ Yes, brochure mailed on _____(date)
___ Yes, home visit was made by _____ on _____(date)
___ Yes, telephone call was made by _____ on _____(date)
___ Other: _____

14. Since above program information was given, has the family contacted any program staff?
___ No ___ Yes If yes, for what purpose?_____

_____

15. Has family indicated an interest in becoming involved in any specific activities?
___ No, has not indicated an interest.
___ No, does not want to be involved.
___ Yes, would like to be involved. Indicated interest in _____
_____
___ Yes, good times are _____

PART II: FAMILY INVOLVEMENT OPTIONS:

1. Identify what currently might be a realistic parent program for this family. Specify activity times, dates and responsibilities.

2. If family involvement is unrealistic at this time, when will involvement status be re-evaluated?

PART III: INDIVIDUALIZED PARENT PARTICIPATION PROGRAM

Date	Activity Description	Staff's Responsibilities	Family's Responsibilities

PART IV: EVALUATION

1. Activity _____
   ___ Attended regularly (or as agreed upon)
   ___ Attended, but less than agreed upon
   ___ Did not attend
   ___ Staff's responsibilities were met. Indicate changes, if any:
   _____
   ___ Staff's responsibilities were not met. Describe _____
   ___ Family's responsibilities were met. Indicate changes, if any: _____
   ___ Family's responsibilities were not met. Describe _____
   ___ Recommendations: _____

2. Activity _____
   ___ Attended regularly (or as agreed upon)
   ___ Attended, but less than agreed upon
   ___ Did not attend
   ___ Staff's responsibilities were met. Indicate changes, if any:
   _____
   ___ Staff's responsibilities were not met. Describe _____
   ___ Family's responsibilities were met. Indicate changes, if any: _____
   ___ Family's responsibilities were not met. Describe _____
   ___ Recommendations: _____

3. Activity _____
   ___ Attended regularly (or as agreed upon)
   ___ Attended, but less than agreed upon
   ___ Did not attend
   ___ Staff's responsibilities were met. Indicate changes, if any:
   _____
   ___ Staff's responsibilities were not met. Describe _____
   ___ Family's responsibilities were met. Indicate changes, if any: _____
   ___ Family's responsibilities were not met. Describe _____
   ___ Recommendations: _____

4. Activity _____
   ___ Attended regularly (or as agreed upon)
   ___ Attended, but less than agreed upon
   ___ Did not attend
   ___ Staff's responsibilities were met. Indicate changes, if any:
   _____
   ___ Staff's responsibilities were not met. Describe _____
   ___ Family's responsibilities were met. Indicate changes, if any: _____
   ___ Family's responsibilities were not met. Describe _____
   ___ Recommendations: _____

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When using this instrument, it is particularly important to note that the PNAI is not meant to be introduced and completed in the first meeting with a parent. In fact, use of the PNAI is appropriate only after the parents and professional have had at least one opportunity to talk with each other. And then, different parts of the PNAI are intended to be completed to correspond roughly to the different stages of the needs assessment process, as discussed previously.

When collecting information from parents, it is also important for professionals to reveal something of themselves to the families with whom they work. Such information should include, as a minimum, phone number and address where the professional can be reached and a statement about the professional's philosophy on working with handicapped individuals. Also helpful would be a description of all involved persons' roles in the overall program, as well as the director's name and best time to call.

A successful parent-professional partnership requires some effective means for communicating. To be workable, this vehicle for communicating must be acceptable to all parties involved. It follows, then, that the survey of the PNAI is dependent upon clear communication channels. Prior to completing the PNAI, professionals should know information related to phone accessibility, language spoken in the home, level of literacy, and out-of-home responsibilities. Also important is some indication as to parents' preference for how often and in what ways they would find interaction with professionals helpful to them.

Part I of the PNAI is designed to identify family characteristics and preferences as they relate to parent-professional communication. It is also designed to organize relevant family information into a readily-accessible form. Thus, a completed cover page would include the names of

the parents or guardians, the family's address and phone number and some information about other individuals living in the home. This readily-accessible information, along with some notation as to the best time(s) to call, can save time and frustration on the part of professionals when they attempt to contact individual families.

Also included in the first section on Family Background Information are several questions addressing possible constraints to active parent involvement and information as to what services parents have already received. Responses to such questions can help professionals plan involvement activities that meet the needs of individual families. For example, if parents indicate that transportation constraints would prohibit them from attending center-based functions, professionals may be able to work out ways to solve the transportation problems. They may help coordinate car pools or seek volunteer assistance in providing needed transportation. Another appropriate response to transportation constraints would be to plan involvement opportunities that don't require transportation. Such opportunities could include regularly scheduled structured phone calls and/or frequent notes and reading materials conveyed by way of the child to and from the center.

Notes and phone calls are usually considered less effective means of communicating than face-to-face interactions. There are, however, several techniques professionals can use to enhance the effectiveness of their written and phone communications. Personalized notes tend to receive more attention than form letters. Opportunities for immediate response also add to the impact of written communication. Some professionals use a communication notebook system which allows for personalization and immediate response. This system can be implemented by providing a notebook to each child in the

program. This notebook is used for exchanging information with the parents on a regularly scheduled basis. Following is an example of the type of

Tim did not want to go on the nature walk with us today. He chose to stay in the classroom with Mrs. Lane.

I plan to take several field trips this fall and hope that Tim will feel comfortable going with us. Do you have any suggestions?

If you'd like to talk to me about this, maybe you could call around 4 o'clock tomorrow (555-5194).

The parent's response read as follows:

Timmy's afraid of the woods. He's afraid of spiders and the other bugs. I'll call you this afternoon about your field trip.

Information on how families are involved with other community agencies will provide important baseline information as to what parents already know. Such information about services for their handicapped child assists in avoiding duplication of services. One family, for example, may indicate that their child receives speech therapy services from a nearby clinic and that the parents have attended a series of classes on language development. The professional working with the family may wish to contact the clinic for the purpose of coordinating intervention efforts and not attempt to duplicate the parent education material on language development.

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Also in the first section of the PNAI is information on other individuals living in the home. Professionals may be able to draw on this information for involving other family members in the intervention process, whether it be through working with the handicapped child or assisting in some other way to facilitate total family functioning. Information about other individuals living in the home may also help professionals understand some of the home-related constraints to parent involvement. The mother of a four-year-old handicapped child with two younger children in the home may not be in a position to observe in the classroom or to participate in group meetings at the center.

Part II of the PNAI lists several parent involvement options that may be appropriate for an individual family. Completion of this section requires careful planning on the part of the professional. Prior to discussing an involvement program with the parents, professionals need to be aware of what kinds of options are available and which ones would be realistic and meaningful for the family involved. The professional should also be prepared to describe briefly the nature and proposed schedule of the different activities.

Part III lists the activities that the parents and professionals have identified as realistic opportunities for parent involvement. Finally, the last part of the PNAI is the evaluation component. Professionals use the completed information to determine what, if any, changes need to be made in the family's participation plan.

The next section of this manual provides a more detailed discussion of different types of parent involvement activities and offers some suggestions on how to organize such activities to meet the needs of the families involved.

CHAPTER THREE

FAMILY INVOLVEMENT OPTIONS

IDENTIFYING PROGRAM OPTIONS

Different early intervention programs offer many types of parent programs and activities. However, most of these options can be grouped into four different categories (LaCross, 1982). These are: parent education, direct participation, parent counseling, and parent-provided programs.

A parent education program is basically an information giving service. While parent education programs may take a variety of forms and cover different materials, information included in most parent education programs falls into the following categories: what to expect from a conference, how to participate in planning, information on normal child growth and development, specific knowledge about a child's disability, community resources, and skills to provide the special care needed by the child.

One common mistake in planning parent education activities is to assume that all parents need the same information. Differences in the educational background and experiences of individual parents negate the possibility of all families needing the same information at the same time.

The role of the professional in planning meaningful parent education activities is to spend some time getting to know families on an individual basis. Parent education activities can then be developed according to what individual families need and want. The outcome will be parent education activities specific to the needs of individual families. For example, one parent education meeting may be devoted to the development of mobility skills in visually-impaired young children. Efforts to promote attendance at this meeting will focus on parents of visually impaired youngsters. This topic, specific to one handicapping condition, may be more meaningful

to a select group of parents than would a series of classes on language development.

In addition to classes or workshops for parents, other popular parent education activities include an open house, information fair, dissemination of printed materials, toy lending library, and individual parent advising.

The purpose of an open house for many programs is to familiarize parents with the program's curriculum, materials and services. Individual teachers, speech therapists, and other professionals working with handicapped children have also held open houses within their own components of the program. Open house topics might include a general overview of goals, objectives, schedules and suggestions on how parents can be involved in the program.

Information fairs are sometimes offered to acquaint parents with different programs and services available in the community. Representatives from different agencies or organizations are usually available at such fairs to answer questions from parents. Booths, displays, demonstrations, and printed materials are other important parts of an information fair.

Printed and audio-visual materials can also be valuable parent education tools. Newsletters, flyers, and parent handbooks are often used to provide information about what's going on in the program and in the community. They can also be used for sharing ideas on the program's philosophy and for suggesting at-home learning activities. Audio visual materials, such as film strips, video tapes, etc., have been used successfully as aids in teaching language development or behavior management techniques and for helping parents understand and assume their role as primary case managers for their children. Some programs have developed resource libraries for organizing and disseminating their printed and audio-visual materials. Toy

lending libraries are also used as vehicles for increasing parent involvement. Such libraries can often be organized and managed through volunteers.

Traditionally, parent education programs have focused on such child-centered goals as increased mobility, language development, or improved self-help skills. Programs operating from a family systems perspective, however, seek to promote skills that enhance total family functioning, as well as dealing specifically with the special needs of the handicapped child. Legitimate goals for parent education programs, with this wider perspective, include the development of such skills as problem solving and interpersonal communication (Fadvecacy, Lamb, Levine & Zegers, 1982).

One Head Start program, operating from such a family systems perspective, works with parents to develop skills in the following areas: making and using home-made toys, planning a daily schedule, communicating effectively, and helping kids feel good about themselves. While none of these topics focus specifically on helping a handicapped child, increased parental skill in any of these areas can have a positive impact on the growth and development of a child with special needs. Intervention programs for handicapped children are sometimes able to tap into existing family life programs available in their community. Professionals need to familiarize themselves with such parent education opportunities and link parents to the ones that are appropriate to their situation.

Parent advising can also be an effective way of providing information to parents. Parent advising refers to a personal interaction between professional and parent whereby the professional provides suggestions and ideas to the parents as to how they may work more effectively with their handicapped child. While the ultimate goal of parent advising is improved

functioning of the handicapped child, topics discussed are not always child centered. Topics appropriate for parent advising also include any areas relating to improvements in the home learning environment, such as ideas on how to assist the family in dealing with daily tasks and responsibilities.

A direct participation program refers to the involvement of parents as partners with professionals in the delivery of intervention programs for their child. Examples of direct participation include helping in the early childhood classroom or working on the development of specific skills at home. One of the new approaches to direct participation emphasizes working with the child and parent together and focuses on improving parent-child interaction rather than working with either the child or parent alone. Some programs such as this are now being developed whereby handicapped and non-handicapped children are integrated in a parent-child educational setting.

Direct participation can be difficult for some families to implement. Time and transportation constraints, as well as intense child care responsibilities, may prohibit some parents from participating in any center-based activities. Stressful situations in the home, such as long-term illnesses, marital discord and overwhelming child care demands, can make direct participation activities in the home impractical for some families.

Parents should not be made to feel guilty or incompetent in not choosing to be involved in direct participation activities. In fact, an important part of the professional's role is determining what types of involvement opportunities to present to parents. If circumstances suggest that direct participation activities would be impractical for individual families, the professional would do well to suggest only more realistic options for the parents. Such an approach protects the self-concept of the

parents and provides them with alternative activities in which they can be successful.

The purpose of parent counseling programs is to assist parents in dealing effectively with the stressful emotions and physical demands often experienced by families of handicapped children. Parents of handicapped children typically experience an array of negative emotions including disappointment, fear, anxiety, anger, helplessness, pain, disbelief, and resentment. Some indicators of success of parent counseling programs are: parent satisfaction, the degree to which recommendations are followed, the ability of parents to cope with the overall adjustment of having a handicapped child in the family, the degree to which the needs of the rest of the family are filled, and the parents' own adjustment or readjustment to life.

Parent counseling is often accomplished through one-on-one parent-professional interactions or through guided parent discussion groups. The role of the professional in parent counseling activities often involves active listening, non-judgemental acceptance, and expressions of understanding and concern. At times, the complexity of the parents' feelings and their inability to cope with everyday demands may require professionals to refer these troubled families for more therapeutic counseling services. To respond appropriately to such situations, professionals need to be aware of community agencies and services designed to deal with such situations.

Parent-provided programs include such options as parent organizations, parent-to-parent programs, and parents as advocates. Through parent-provided programs, parents of handicapped children can obtain moral support, information and a new perspective by involving themselves with other parents who have had or are having similar experiences (Karnes & Teska, 1980).

Professionals can foster parent-to-parent programs by being available to organize and coordinate this type of parent involvement activity. Assisting in the development and implemention of training programs for interested parents is one way professionals can make a valuable contribution to enhancing parent-provided programs.

ORGANIZING PARENT ACTIVITIES

There are a number of ways to organize different types of parent involvement activities so as to meet the unique needs of individual families. Variations in location and format can often make the critical difference in how or to what extent parents will be actively involved in their child's intervention program.

LOCATION

Most parent involvement activities are either home-based or center-based. Home-based programs usually involve parent-professional interactions in the home setting on a weekly or bi-weekly basis. The professional's role in a home-based program is to provide information, advice and support to assist parents in meeting the special needs of their handicapped child. While the content or curriculum for such home visits may be structured around information and advice pertaining to the child's handicapping condition, professionals working from a family systems perspective also address other family concerns related to the welfare of the handicapped child.

Working in the home setting provides the professional with valuable insights into the family structure that are almost impossible to obtain in other ways. The importance of such insights suggests that professionals working in a center-based program may wish to do some home visiting, even if time and budget restraints allow this to be done on a very limited basis.

The home-based approach to intervention offers many opportunities for implementing a family systems approach to parent involvement. Home-based programs are generally more family oriented rather than child centered. Home visitors are encouraged to consider the impact of intervention on the whole family rather than focusing on only the parent-child dyad. Parents are expected to assume primary responsibility for their child's progress, while the professional's role is to advise and coordinate.

Center-based programs are operated in a number of different ways. For younger children, the center-based program may consist of individual parent-child sessions with a parent advisor, offered on a once-a-week basis. Other center-based programs offer small group or regular classroom activities. While the focus of center-based programs generally is on the child, many such programs include specific provisions for parent involvement. Among the opportunities often available to parents in center-based programs are conferences, home visits, group meetings, observation/participation in the center program, and access to printed materials.

There are a number of variations in home and center-based combinations. A typical example combines a home-teaching component with the child-oriented program offered at the center. Such an arrangement has the advantage of providing opportunities for peer interaction while still stressing the importance of appropriate at-home intervention.

FORMAT

Another way of looking at parent involvement activities is to categorize them as being either formally or informally structured. Most of the parent involvement activities discussed thus far in the manual can be categorized as being formal in nature and are generally known and accepted as legitimate forms of parent involvement. Informal contacts with parents

do not always receive similar recognition; yet, their importance is beginning to be appreciated (Winton & Turnbull, 1981).

Informal interactions between parents and professionals take on added significance when considered in light of the following situations.

(1) The majority of parents work outside the home and are not available for parent involvement activities during the day. Pressures from a number of varied circumstances in the home, including single parent situations, the presence of younger siblings, and lack of transportation, make parent involvement in many center-based programs impractical

(2) Professionals, whose full-time responsibilities focus on providing direct service to children, have little time for organizing formal parent involvement programs.

(3) Parent reports indicate that their most preferred parent involvement activity is informal contact with professionals (Winton & Turnbull, 1981).

(4) Through self-initiated efforts, some parents of handicapped children are already knowledgeable and skillful in the areas typically included in parent education programs (Foster, Berger, and McLean, 1981).

Informal parent involvement activities can take a variety of forms. They can include either professional- or parent-initiated phone conversations, written correspondence to and from parents, and short conversations before and after other scheduled activities. Informal parent involvement activities should be considered legitimate and valuable even if they are not always focused on the handicapped child or on problems and issues related to the impact of the handicapped child on the family. Professionals can make a greater difference in the life of a handicapped child by becoming a part of a family's social support system rather than by maintaining a "professional relationship" with the family.

No one mode of parent involvement programming will be right for all agencies serving handicapped children. Most agencies will find that they need to adopt a combination of parent involvement options if they are to be responsive to the needs of families. As was mentioned earlier, professionals and parents working together need to find the appropriate match between different types of parent involvement programs and the needs of individual families. The next chapter offers a discussion on how to accomplish this next phase of the needs assessment process.

CHAPTER FOUR

DEVELOPING THE IPPP

FROM NEEDS ASSESSMENT TO PLANNING

Understanding individual needs is the first step in planning realistic parent involvement programs. Chapter Two outlined a system for collecting and analyzing information about family needs and characteristics. The next step in the planning process is to develop an outline of services or activities that correspond to the identified needs of the family. Such activities, however, must fit in with what the family considers to be priority areas and with what they feel is realistic in terms of other demands or constraints. This chapter outlines an organized system for developing an Individualized Parent Participation Program (IPPP) based on the above criteria. Also presented in this chapter are some suggestions on how to increase the likelihood of success in planning and implementing parent participation programs.

The bridge between needs identification and program planning is critical to the success of a parent involvement program. The role of the professional is to involve the parent in each step along the way. Attempts to plan a program for parents, without soliciting their input as to when and how parent participation activities are to take place, seldom get beyond the planning stage. The level of parent commitment and enthusiasm toward the program tends to be directly related to their involvement in the planning process (Cansler, Martin & Valand, 1975). It is important for professionals to keep this perspective in mind as they proceed from the assessment to the program development phase of the needs assessment process.

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This next section of the chapter provides further discussion on using the PNAI first presented in Chapter II. After collecting and analyzing family background information, the professional's next task is determining the types of parent involvement activities that would be realistic and meaningful for individual families. These options are then listed in Part II of the PNAI and discussed in detail with the individual family. Figure 2 presents Part II of the PNAI completed for the parents of a hearing-impaired child.

Figure 2

Parent Needs Assessment Inventory (PNAI)

Part II: Family Involvement Options

1. Identify what currently might be a realistic parent program for this family. Specify activity, times, dates and responsibilities.

a) parent-teacher conferences to be held in September, May, and other times, as needed. Staff will provide information on assessment results and make recommendations for intervention program. Parents will report on child's behavior at home and make any suggestions they'd like to offer. Parents will also be given the opportunity to discuss any concerns they may have about meeting the needs of their handicapped child.

b) sign language classes; Wed. 7:30 - 9pm, Sept - May.
Staff will coordinate and conduct classes; they will provide appropriate handouts to assist parents in learning new signs. Parents will attend weekly classes and use signing with their child on a consistent basis.

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It is important to note that, for some families, the option not to be involved may be the most appropriate choice. Families, experiencing a time of crisis or difficult transition, may not have the time or energy to devote to their child's intervention program. Professionals need to be sensitive to such situations and accept the parent's choice to not be involved in a very understanding and non-judgemental way. Making the parents feel guilty or inept in meeting the needs of their handicapped child is destructive to both the parent-professional relationship and the psychological well-being of the parent. Neither are in the best interests of the child. If parents choose non-involvement at the time of IPPP development, professionals may suggest a follow-up conference in about two months to re-evaluate the parent involvement status. This opportunity to re-evaluate relieves some of the anxiety parents may experience in choosing the non-involvement option. Part II of the PNAI has a section addressing this non-involvement option.

Part III of the PNAI outlines the Individualized Parent Participation Program (IPPP). This section can be completed only after parents are familiar with the program, and the staff has established a trusting relationship with the family. Completing this section is something parents and professional do together. After the professional discusses different possible options for family involvement, the parents are asked to express their preferences and ideas on how they could be involved. After agreement is reached on how the family will participate, the IPPP is written.

An important part of the IPPP is specifying areas of responsibility for both parents and professionals. Reaching agreement on the nature of these responsibilities may take some explanation on the part of the professional. It's so easy to assume that parents know what is expected of them

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when asked to participate in certain activities. Parents who are asked to come to a conference prepared to discuss changes in their child's behavior or to offer suggestions on priority areas may have no idea as to how they are to do this. Professionals can clarify the role of the parents by being more specific in what they would like parents to do. Instead of asking parents to come prepared to discuss Jimmy's progress, they may suggest that the parents watch Jimmy's behavior over a 5-day period at dinner time. They could be asked to note the number of times Jimmy uses words or signs instead of gestures to make his wants known.

Figure 3 provides an example of an IPPP written for the Parents of the hearing-impaired youngster.

Figure 3

Parent Needs Assessment Inventory (PNAI)

Part III: Individualized Parent Participation Programs

Date of Agreement	Description	Staff's Responsibilities	Family's Responsibilities
10-4-84	Parent-teacher conf (Nov. & May)	Share progress report & intervention procedures	Share information about Jimmy's behavior at dinner time
10-4-84	Videotape on signing-Complete 2 tapes per month	Provide tapes, equipment & Reading materials on a twice per month basis	View video tapes at least 2 times per week; use signs with Jimmy daily.

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Jimmy's parents felt that they would be unable to attend the weekly sign classes as offered in the program. However, viewing video tapes in the hom- was chosen as a realistic alternative. While Jimmy's family decided to participate in two different parent involvement activities, other families may feel that they would like to become more involved. As many as five or six activities may be possible, if none of them require an intensive time commitment. Yet, other families may feel that just one parent involvement activity is the extent of what they can do. An understanding and acceptance of differing circumstances among families suggest that any value judgement as to optimal level of involvement would be inappropriate.

The fourth component identified as being important to the needs assessment process is that of evaluation or monitoring. Part IV of the PNAI addresses this area. An example of this evaluation section is presented in Figure 4.

Figure 4

Parent Needs Assessment Inventory (PNAI)

Part IV: Evaluation

1. Activity: _____

✓ attended regularly (or as agreed upon)

___ attended, but less than agreed upon

___ did not attend

✓ Staff's responsibilities were met. Indicate changes, if any Conference held in the home due to family's transportation problems.

___ Staff's responsibilities were not met. Describe:

_____

_____

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✓ Family's responsibilities were met. Indicate changes, if any_____

_____

___ Family's responsibilities were not met. Describe:

_____

_____

✓ Recommendations Schedule bi-monthly home visits to maintain close contact with family.

The partnership approach to parent involvement suggests that the evaluation component should do more than monitor the parents' response. Monitoring follow-through on the part of the professional is also important. Changes that occur during the implementation of the IPPP are not necessarily a reflection of a poorly designed plan or lack of commitment on the parents' or professional's part. Family and/or program changes may suggest the need for adapting the IPPP. The important concept to keep in mind in initiating such change is to maintain an open and honest communication with the parents. Such communication is critical to the maintenance of an equal-status partnership.

Also important to an effective relationship is a sense of satisfaction on the part of all parties involved. A Parent Satisfaction Survey can be used to solicit feedback from the parents as to how they feel about the program. Figure 5 presents such a survey.

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Figure 5

PARENT SATISFACTION SURVEY

What is your relationship to the child? (check one)

____ Mother ____ Stepmother ____ Stepfather ____ Other _____

____ Father ____ Foster parent ____ Grandparent (which one) _____

Following are some statements about how satisfied you are with your child's educational program. Check the response that best describes how satisfied you are. Please respond to all the statements.

	Very Satisfied	Satisfied	Not Satisfied	Not at all Satisfied
1. The overall program in general				
2. The teaching methods used				
3. The effectiveness of the staff				
4. The frequency of contact with teachers				
5. Learning materials used				
6. Parent involvement activities available to you				
7. The staff's willingness to include you in learning activities				
8. Assessment procedures used				
9. Methods of monitoring your child's progress				
10. Accomplishments of the program				
11. Your level of involvement in the program				
12. Opportunities for your suggestions				
13. The IEP meeting				

Information from this survey can provide valuable insights into how parents and/or other family members view the effectiveness of the program and their role in the intervention process. Such insights can be useful in identifying areas that need improvement or that require a better explanation to parents. For example, if parents indicate dissatisfaction with parent involvement activities available to them, a more thorough explanation of what options exist or what accommodations can be made may alleviate their concerns.

SUMMARY AND CONCLUSIONS

The first step in involving parents as partners in their child's intervention program is to assess individual family needs and characteristics. A comprehensive needs assessment process involves the following four stages: introductory, assessment, program planning and evaluation.

The Parents' Needs Assessment Inventory (PNAI) is one instrument that can be used for collecting and organizing the the information throughout the needs assessment process. The PNAI is not intended to be completed during one parent-professional interaction. The nature of what needs to be accomplished during the needs assessment process can only happen over time and in an appropriate sequence of activities. This sequence can be summarized as follows:

1. Familiarize parents with the program.
2. Get to know the parents (include a home visit, if possible).
3. Collect family background information.
4. Discuss realistic parent involvement options.
5. Develop an Individualized Parent Participation Program (IPPP) with the parents.

6. Evaluate parents' and professional's response to the IPPP.

7. Survey parents' satisfaction.

8. Work with the parents in adjusting the IPPP to newly identified needs and preferences.

Based on the philosophy and approach of working with parents as partners, the following eight recommendations can be used as guidelines in planning and implementing individualized parent participation programs.

1. Convey your acceptance of parents as equal-status partners.

2. Provide individualized parent involvement programs.

3. Maintain two-way communication.

4. Help parents meet their own and their family's needs.

5. Involve the entire family and other significant individuals in the intervention process.

6. Legitimatize informal parent involvement activities.

7. Make parents feel welcomed and comfortable at the intervention center.

8. Be aware of myths about parent involvement.

The remainder of this chapter will be devoted to a discussion of each of these guidelines.

1. Convey your acceptance of parents as equal-status partners.

Much discussion on the importance of working with parents as partners has already been presented. Thus, the following comments will highlight some practical implications of this approach.

Accepting parents as equal-status partners means far more than providing a list of involvement activities to parents. Accepting parents as partners means involving them in decision-making activities, too. Such acceptance involves eliciting the parents' suggestions on problems related to their

handicapped child. Developing the child's intervention plan then becomes a joint venture versus a mysterious undertaking best left to the expertise of professionals.

There are several things professionals can do to make parents feel more comfortable and willing to provide input at decision-making meetings. The first step is to establish a supportive and positive relationship with parents prior to the meetings (Mandell & Gold, 1984). Relationships do not happen without opportunities for interaction. A simple gesture of friendliness and caring, such as a telephone call, personal note, or prearranged home visit, can do much to minimize any fears or apprehensions parents may have about their participation in a planning meeting.

Another suggestion for eliciting more active parent participation in decision-making meetings is to provide parents with some critical information prior to the meeting. Such information should include not only purpose, time, location and names of persons who will be in attendance, but also information about the parent's role in the conference. A list of questions for parents to consider could be included with the notice and agenda for the scheduled planning meeting. Sample questions could include the following:

1. What skills do you want your child to learn?
2. Do you feel that your child is ready to learn such skills?
3. In what areas do you see your child as being most successful?
4. In what areas do you feel your child needs the most help?

Providing a list of questions prior to the meeting gives the parents time to think about the information and suggestions they'd like to contribute. Parents who have a clear idea of their role in the decision-making process and who are given time and appropriate information for considering alternatives

are more likely to be active participants in planning their child's program (Paul, 1981).

Another way to foster an equal-status partnership is to be not only open to, but actually encourage, parent-initiated involvement. Parent-initiated involvement tends to be more meaningful and timely than professional-initiated activities (Cansler, Martin & Valand, 1975). The following example illustrates this point.

Tonya, a counselor with one of the human service agencies in a large metropolitan area, interviews many parents new to the program. One topic discussed is what services parents would like to receive. As many parents indicated a need for support from other parents, Tonya decided to organize a peer support group to meet on a monthly or twice-monthly basis. Tonya did all the necessary background work for this project. She reserved a meeting room, made arrangements for refreshments and child care and published meeting notices in their newsletter. She also contacted other human service agencies in the community and asked them to promote the support group.

The first support group meeting was attended by two individuals, a single parent of severely hearing-impaired twins and an adoptive mother of an orthopedically-handicapped infant. Tonya was noticeably upset and embarrassed with such poor attendance. She discovered, through a later discussion, that the mother of the twins motivation for coming was to find other hearing-impaired children using total communication who could play with her daughters. The other mother indicated that she came, hoping to get more information about other services available in the community. Now that Tonya knew more precisely what these two parents wanted, with their help she was able to generate a plan of action to meet their needs. The mother

of the twins was going to speak to a few other parents attending her sign language class about organizing a small play group to meet on a weekly or bi-weekly basis. The mother of the infant was going to view a slide/tape show outlining human service programs available in their community.

The outcome of these follow-up plans was very positive. While the mother of the twins never did get a play group going on a regular basis, she was asked, and agreed, to provide child care for another hearing-impaired child. This arrangement brought in some extra money for the mother and provided an appropriate playmate for her daughters.

The mother, viewing the slide/tape show, asked if it would be okay for other family members to attend. She attended with her husband and her parents. The ensuing discussion convinced the mother that her most important support group, her family, was near at hand and willing to be involved. The resulting interest and support was more than she anticipated. She also made arrangements for she and her husband to visit an early childhood special education program depicted in the slide/tape presentation.

Success, in both of these cases, resulted from the professional understanding the individual parent's expressed needs and encouraging them to initiate activities.

2. Provide individualized parent involvement programs.

Listed below are the major steps involved in planning and implementing individualized parent involvement programs:

A. Collect family background information. Basic family demographics usually can be obtained from program enrollment forms. Information especially pertinent to parent involvement includes the availability of transportation and the distance between the home and center. Such information often is

not included on enrollment forms and may need to be solicited in some other way, e.g., by talking to parents about such circumstances.

B. Assess individual family needs. An important point to keep in mind regarding family needs is that the parents' perception may differ dramatically from the professionals' perceptions of such needs. When planning parent programs, needs expressed by the parents should be incorporated into the IPPP. A systematic approach to identifying these needs is the Parents Needs Assessment Inventory (PNAI). This instrument is presented in Appendix A and can be used to collect information about individual family needs. The needs assessment process, however, should not be limited to this one activity. Careful observation and on-going communication between parents and professionals are also important to the needs assessment process.

C. Work with the parents in planning a meaningful parent involvement program. Deciding how, or to what extent, parents are to be involved should not be left up to the professionals. Parents should be encouraged to assume an active, decision-making role in developing a meaningful IPPP. To do this, professionals need to discuss different activity options available to them and should provide opportunities for them to ask questions about the different activities. There should also be opportunities to modify existing activities in order to meet the particular needs and interests of each family.

D. Monitor the parents' response. Good record keeping is an important part of the monitoring process. Regardless of which evaluation procedures professionals might choose, it is important that both the professional's, as well as the parent's, participation and satisfaction be monitored.

3. Maintain two-way communication.

Two-way communication involves a giving and receiving of information. In the parent-professional partnership, professionals need information from parents during all phases of a child's intervention program. Professionals must also provide information to parents on the assessment results, suggested home intervention techniques and availability of other programs and services in the community.

Two-way communication fosters a spirit of cooperation between parents and professionals and provides a broader base of information and insights for developing constructive intervention programs (Mandell & Fiscus, 1981). Two-way communication is also essential in developing and monitoring a parent involvement program that is responsive to the evolving needs of individual families.

Two-way communication isn't something that just happens in parent involvement programs. Conscious effort, on everyone's part, is required to establish and an effective communication system. Proximity and word control are variables that can be monitored to enhance effective communication.

Proximity (closeness) refers to either time or space dimensions. If all communication is done by way of notes or letters, time and space may interfere with two-way communication.

Communicating by phone is a step closer in minimizing distance. Phone conversations allow a more immediate response and provide the opportunity to ask questions, to restate ideas that need clarification, and to exchange social conversation.

Face-to-face contacts are a more personal mode of communication and include the added dimension of sending and receiving important nonverbal messages. Distance and physical arrangements still play an important role

in face-to-face contacts. A professional, seated behind a large desk during a conference with a parent, may be very intimidating to the parent. Seating arrangements that place people at a comfortable social distance and that allow frequent eye contact are important factors in successful communication between parents and professionals. Because conferences are time consuming and often involve a juggling of busy schedules, many professionals look to other avenues for communicating with parents. These same professionals then seem surprised when parents fail to follow through on suggested parent involvement activities. An awareness of communication as one of the most important factors in maintaining an effective parent-professional partnership can increase the likelihood of on-going parent involvement (Sonnenschein, 1981).

Word control is an important communication tool. The type of vocabulary, complexity of sentence structure, and level of personalism used in communicating with others are all factors in word control. Professional jargon, imperative sentences, and an impersonal approach tend to inhibit active parental participation in the communication process.

The following guidelines help maintain two-way communication with parents:

A. Make frequent contact with parents. Encourage their initiative and ideas on how to maintain an effective system for communicating.

B. Tune in to the <u>whole</u> message by attending to parents' feelings and nonverbal messages.

C. Speak clearly and honestly. Communicate feelings as well as thoughts.

4. Help parents meet their own and their family's needs.

The traditional approach to parent involvement is instructional in nature, with the staff acting as instructors and the parents as the students. The family systems approach is more comprehensive and makes provisions for recognition of parent generated needs. Professionals, operating from a family systems approach, focus on the needs of parents, not only as parents of handicapped children, but as individual adults and members of a family organization (Lillie, 1981). These professionals realize that parents must first meet their own personal needs before they can be effective in meeting the needs of their handicapped child.

Often, parents benefit from suggestions on how to set priorities for their family. In response to the added parenting demands required by a handicapped child, some parents neglect other responsibilities such as a spouse or other children. Professionals can help by suggesting types of involvement that enables parents to realize overall family priorities (Simeonsson and Simeonsson, 1981).

5. Involve the entire family and other significant individuals in the intervention process.

There are a number of valid reasons for involving more than just mothers in programs for handicapped children. Involving the entire family, and other significant individuals, can benefit the child, the parents and the individuals involved. Fathers, siblings, grandparents and baby sitters can assist in fostering the handicapped child's growth and development. They can provide language stimulation throughout the day or work with the child on basic self-help skills such as dressing and eating, for example.

Involving other family members can alleviate some of the care-giving demands often placed on mothers of handicapped children. Sharing child

care responsibilities and routine household tasks can enhance total family functioning and contribute to increased self-esteem on the part of all individuals.

Professionals can facilitate this process by addressing long-term, family-centered goals in their parent involvement programs. Some programs offer "Father's Night", where emphasis may be placed on father-child interaction or father-to-father support. Programs may also offer special activities for grandparents or siblings. Yet, special activities should not be considered the only, or best, way to solicit extended family involvement. On-going involvement should be encouraged by reminding parents that other individuals are always welcomed at conferences, workshops, or other activities sponsored by the agency. When appropriate, professionals might also suggest ways in which other family members could get more actively involved. They may suggest, for example, that an over-night visit to Grandma's might be a perfect opportunity for Jimmy to practice his developing communication skills. If such a visit then takes place, other positive outcomes may be rest and relaxation for the parents, special attention to other siblings in the family and a growing sense of independence on the part of the handicapped child.

6. Legitimatize informal parents involvement activities.

Informal parent professional contacts can provide valuable opportunities for meaningful parent involvement. In fact, informal activities tend to be ideally suited for an individualized approach to parent involvement. Informal activities may include both parent-initiated and professional-initiated phone calls, parent-professional contacts before or after a child's structured program, and the exchange of written notes. The focus of such activities may be on the child, the nature of the program, intervention

techniques in the home, etc. The personal one-on-one nature of many informal activities allows for an individualization of content and approach that is very difficult to achieve in formal parent involvement activities. For example, a major concern of a parent of a handicapped child may be appropriate behavior in such social outings as eating in a restaurant or visiting relatives. The intervention center may not address this concern in their parent education curriculum nor have written materials on this topic available in the parent resource library. Yet this concern may be expressed very easily and naturally in an informal conversation between parent and teacher. A perceptive teacher may become aware of this concern from the parent's comment about a proposed field trip to a bakery. If a parent introduces the topic of how their children might behave on the field trip, chances are behavior management is of some concern. Once such a concern is identified, the professional may share some behavior management techniques with the parents in an informal conversation. Just listening to the parents and being empathetic to their situation may be a source of support and encouragement to them. Such outcomes of parent-professional contacts constitute legitimate parent involvement goals. Not only are informal activities a valuable means of individualizing parent involvement programs, but for some parents they may be the only realistic way to be involved. Some parents may not be able to participate in, or benefit from, formal parent involvement activities offered through the program. In many cases, such parents can be reached through a less structured approach. Informal parent involvement activities can be used to share information and offer support. As such, they should not be overlooked as legitimate avenues for establishing and maintaining meaningful parent professional partnerships. Once this concept is understood, professionals need not feel

apologetic, ineffective or uncomfortable about investing time and effort in encouraging informal contacts with parents. Informal contacts often center around the parent's agenda and are, thus, meaningful and relevant to the individual parents involved.

7. Make parents feel welcomed and comfortable when visiting the center.

Several suggestions are outlined below:

A. If possible, have someone available to greet the parents warmly and to introduce them to other staff members and parents.

B. Arrange the seating so as to avoid the teacher-behind-the-desk image.

C. Provide a comfortable waiting area for parents. The availability of coffee, reading materials, and toys for young children can make any necessary waiting time a more pleasant experience.

D. Avoid educational jargon. Not understanding terminology can be intimidating.

E. Always let the parents know that their interest in the program is greatly appreciated.

8. Be aware of myths about parent involvement.

A number of different explanations have been reported as reasons why some parents choose not to be involved in their child's intervention program. Full time employment, especially in the case of single parent families, has been suggested as a major obstacle to active parent involvement. This explanation is based on the reasoning that parents who work on a full-time basis have little time or energy to invest in an intervention program. Yet, a study of parents involved in different types of parent involvement activities suggests that neither mother's employment nor

marital status are significantly related to level of parent involvement (Mandell, 1984).

Low socio-economic status has also been suggested as a reasonable explanation for non-involvement on the part of some parents. This explanation seems plausable in that low-income families may not have access to transportation to and from the center. This reasoning, however, is not supported by parent involvement studies (Mandell, 1984; and Powell, 1984).

These contradictions to commonly-held beliefs about parent involvement should be encouraging to professionals. Employment, marital status and socio-economic status of parents are aspects of the family over which professionals have no control. Thus, professionals need not feel blocked in their efforts to increase parent involvement when confronted with these family situations. However, it is their task to identify such circumstances and their possible influence in parent involvement.

RECOMMENDATIONS

The information presented in this manual is based upon current practices and research findings on parent involvement. Hopefully, the suggestions outlined here will help professionals develop more effective parent programs. We would like to suggest that you adapt them, if appropriate, to meet the needs of your clients. If you have any suggestions for us about parent activities you are using or on material printed here, please contact us.

Thank you,

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IPPP Project Director

Ruth Johnson, M. Ed.
IPPP Site Coordinator

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APPENDIX A
Parent Needs Assessment Inventory

APPENDIX A
PARENT NEEDS ASSESSMENT INVENTORY (PNAI)*

Date_____

PART I: FAMILY BACKGROUND INFORMATION

1. Child's Name_____ Child's Date of Birth_____

2. Parent's or Guardian's Name_____

3. Home Address_____

4. Home Phone_____

5. Work Address(es)_____

6. Work Phone(s)_____

7. Other individuals living in the home:

Name	Age	Relationship

8. To whom should agency send correspondence?_____

9. Family preferred method of communication:
   ____ Telephone calls. If yes, time preferences_____
   ____ Mail. If yes, address_____
   ____ Send notes home with child. If checked, how child is to carry note home_____
   ____ Other_____

10. Transportation:
   ____ Has own transportation available for agency activities.
   ____ Has own transportation, but not available for agency activities.
   ____ Does not have own transportation.
   ____ Relies on family, friends or others for transportation.
   ____ Relies on public transportation.
   ____ Has no transportation opportunities.

11. Is family currently involved with other agencies? ____ Yes ____ No If yes:

Name of Agency	Type and Time of Services	Contact Person	Phone

12. Is family currently involved in family or community events that might limit involvement at this point in time? ____ No ____ Yes If appropriate, describe_____

13. Has family received introductory information about the program? ____ No ____ Yes
   ____ Yes, brochure mailed on _____(date)
   ____ Yes, home visit was made by _____ on _____(date)
   ____ Yes, telephone call was made by _____ on _____(date)
   ____ Other: _____

14. Since above program information was given, has the family contacted any program staff?
   ____ No ____ Yes If yes, for what purpose?_____

15. Has family indicated an interest in becoming involved in any specific atcitities?
   ____ No, has not indicated an interest.
   ____ No, does not want to be involved.
   ____ Yes, would like to be involved. Indicated interest in _____
   ____ Yes, good times are _____

PART II: FAMILY INVOLVEMENT OPTIONS:

1. Identify what currently might be a realistic parent program for this family. Specify activity times, dates and responsibilities.

2. If it is unrealistic for family involvement, when will involvement status be re-evaluated?

PART III: INDIVIDUALIZED PARENT PARTICIPATION PROGRAM

Date	Activity Description	Staff's Responsibilities	Family's Responsibilities

PART IV: EVALUATION

1. Activity_____

___ Attended regularly (or as agreed upon)
___ Attended, but less than agreed upon
___ Did not attend
___ Staff's responsibilities were met. Indicate changes, if any:

___ Staff's responsibilities were not met. Describe

___ Family's responsibilities were met. Indicate changes, if any:

___ Family's responsibilities were not met. Describe

___ Recommendations:

2. Activity_____

___ Attended regularly (or as agreed upon)
___ Attended, but less than agreed upon
___ Did not attend
___ Staff's responsibilities were met. Indicate changes, if any:

___ Staff's responsibilities were not met. Describe

___ Family's responsibilities were met. Indicate changes, if any:

___ Family's responsibilities were not met. Describe

___ Recommendations:

3. Activity_____

___ Attended regularly (or as agreed upon)
___ Attended, but less than agreed upon
___ Did not attend
___ Staff's responsibilities were met. Indicate changes, if any:

___ Staff's responsibilities were not met. Describe

___ Family's responsibilities were met. Indicate changes, if any:

___ Family's responsibilities were not met. Describe

___ Recommendations:

4. Activity_____

___ Attended regularly (or as agreed upon)
___ Attended, but less than agreed upon
___ Did not attend
___ Staff's responsibilities were met. Indicate changes, if any:

___ Staff's responsibilities were not met. Describe

___ Family's responsibilities were met. Indicate changes, if any:

___ Family's responsibilities were not met. Describe

___ Recommendations:

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APPENDIX B
Annotated Bibliography

Resource File
IPPP Project

The Life Skills Training: A Program for Parents and Their Learning Disabled Teenagers. Contact: Closer Look, 1201 16th St., Washington, D.C. 20036

A program guide for workshop leaders. The goal of the workshop program is to train parents to help their learning disabled teen or young adult increase daily living and social skills in preparation for successful independent living. Workshop activities are focused on building awareness and skills and are centered around: Parent/team building; listening and body language; self inventory of daily living; social and parenting skill needs; task analysis and problem solving.

Parent Questionnaire. Contact: BOCES Preschool Program, Put./No. Westchester BOCES Project Building, Yorktown Heights, NY 10598

A questionnaire used to evaluate parent reactions to the BOCES preschool program. The basic purpose is to provide a description of how the program is functioning-its accomplishments, constraints and concerns.

Parent Questionnaire. Contact: PEERS Project, 1211 Chestnut St., Philadelphia, PA 19107

A parent questionnaire to approximate parents' feelings about their life with a handicapped child.

Background Information. Contact: DEBT Gospel, Lubbock Independent School District, Lubbock, TX 79408

A parent questionnaire for information on family history, prenatal history, labor and delivery, child's medical history, and developmental history.

Parent's "Help Wanted" Questionnaire. Contact: D.C. Society for Crippled Children, 2800 13th St. N.W., Washington, D.C. 20009

A questionnaire in which parents answer questions asking whether they would like help in the areas of: motor development, sleep, feeding, bathing and hygiene, language development, and social developing in the beginning of the school year. At the end of the year they answer the "Help Received" questionnaire.

Parent's "Help Received" Questionnaire. Contact: D.C. Society for Crippled Children, 2800 13th St. N.W., Washington, D.C. 20009

A questionnaire in which parents answer questions in areas in which they expressed a desire for help, to show whether they were helped, not helped or need more help. These areas are: motor development, sleep, feeding, bathing and hygiene, language development, and social development.

Parent Questionnaire. Contact: Toledo Society for the Handicapped, 5605 Monroe, Toledo, Ohio 45505

A questionnaire in which parents are asked to check what topic areas they are interested in, what group or sessions they would be interested in, and other questions about participation in the groups. A question of interest in a Personal Direction Service will: a) assist parents to identify the special needs of their child and of the family, b) direct the family to a full range of services to meet these needs and follow them over time, and c) assist the parent and child to become independent in meeting the child's needs.

Awareness Materials. Contact: Louise M. Bridges, Assistant Director, Family Centered Resource Project, Albright College, P.O. Box 516, Reading, PA 19603

A description of services that discuss the theoretical approach, identify training audiences, outline training objectives and time frame, and suggest benefits that can accrue to staff and clients.

Parent Scales. Contact: Project RHISE, Children's Development Center, 650 N. Main St., Rockford, IL 61103

A form completed by each parent at the time of entry into the program and annually thereafter. Parents indicate his/her feelings with respect to understanding of normal child development, his/her own child's developmental status and needs, parenting skills and toward his/her spouses reactions to having a handicapped child.

Professional's Assessment of Parent Needs and Progress. Contact: Children's Development Center, 650 N. Main St., Rockford, IL 61103

A form to be completed by staff to give their feelings concerning the parents' greatest needs to provide a program for the parents of the children.

Parent Questionnaire. Contact: Project RHISE/Outreach (Rockford Handicapped Infant Services Expansion), Children's Development Center, 650 N. Main St., Rockford, IL 61103

A form to be completed by each parent at the time of entry into the program. The purpose is for the parent to indicate his/her own assessment of needs with respect to understanding of normal child development. The form is to be re-administered at periodic intervals to help in assessing the progress made by each individual parent.

Parent Needs and Involvement Survey. Contact: Carolina Institute for Research on Early Education of the Handicapped, Frank Porter, Graham Child Development Center, Suite 300, NCNB Plaza, University of North Carolina, Chapel Hill, NC 27514

A questionnaire to gather information on parent involvement in the program, goals of parents involvement, barriers to parent involvement and information about the parents and the family.

Parent Survey. Contact: Carolina Institute for Research in Early Education for the Handicapped. Dr. Wiegerink, Frank Porter Graham Child Development Center, University of North Carolina, Suite 300, NCNB Plaza Building, Chapel Hill, NC 27514

A survey that gathers information about the child, transportation and home visits, parent activities, advisory board, and about the parents.

Parent Involvement Studies. Contact: Carolina Institute for Research on Early Education of the Handicapped, Frank Porter Graham Child Development Center, Suite 300, NCNB Plaza, University of North Carolina, Chapel Hill, NC 27514

A form completed by staff about the extent of parent involvement, the goals of parent involvement, barriers to parent involvement, and additional information.

Skills Inventory for Teachers, Staff Assessment Device (Educational Projects for the Exceptional Child, p. 86) Oryx Press, 1981. Contact: Corine Garland, Child Development Resources, Williamsburg, VA 23185

A questionnaire which assesses needs for staff development within a home-based program serving handicapped infants and their families. It evaluates observable behavior and skills of the home visitors/case managers, who may be teachers or other members of a team of professionals. Cost: $3.00

Log Keeping for Parents, Training Book (Educational Projects for the Exceptional Child, p. 72) Oryx Press, 1981. Contact: Dr. Dennis Knapczyk, Instructional Materials Center, Bloomington, IN 47401

A book which shows how parents of developmentally disabled children can use logs to record their children's behavior and interactions with other family members so they can provide specific and detailed information to professionals working with the children. This book is designed to supplement any guidelines that professional counselors may provide to parents. It contains an introduction to the principles of logging and detailed examples that can be used by parents after conferring with a professional counselor. No charge

Begin at the Beginning, Program Guide (Educational Projects for the Exceptional Child, p. 72) Oryx Press, 1981. Contact: Benith MacPherson, The Capper Foundation for Crippled Children, Topeka, KS 66604

A handbook for expanding early education program for orthopedically handicapped children in the areas of: (1) objective measurement of progress; (2) parent involvement; (3) infant program; and (4) team approach to teaching and treatment. Cost: $5.00

Parent Teaching Skills Checklist, Assessment of Parent Teaching Skills (Educational Projects for the Exceptional Child, p. 72) Oryx Press, 1981. Contact: Cordelia Robinson, Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, NE 68131

An 18-item rating scale used to measure the teaching skills of parents in home-based programs with handicapped infants. A trained teacher observes parent-infant interaction and rates the parent on skills across a wide range of task situations and instructional approaches. They include presentation of task, shaping child responses, and responsiveness to child. Cost: $.20

Perceptions of Developmental Skills, A Multisource Rating Profile of Functional Capabilities for the Preschool Child (Educational Projects for the Exceptional Child, p. 549) Oryx Press, 1981. Contact: Carol Cartwright and John Neisworth, Pennsylvania State University, Williamsburg, PA 16802

A screening instrument for organizing the judgments and subjective impressions of significant adults about a handicapped preschooler's range of functional skills Cost: $2.65

Parent Involvement, Manual for Teachers of Exceptional Preschoolers (Educational Projects for the Exceptional Child, p. 536) Oryx Press, 1981. Contact: Jack Hailey, Circle Preschool, Piedmont, CA 94611

A booklet which contains programs and outlines designed to help teachers work with the parents of exceptional children ages 2½ to 5 years. It presents Circle Preschool's philosophy for parent involvement, dicusses parent conferences, presents outlines for four parent workshops on parent-child interaction, discusses the ways teachers can assist parents to locate social services, and presents formats for evaluating parent satisfaction with a program. Cost: $2.00

Skills Inventory for Parents of Handicapped Babies, Assessment Device (Educational Projects for the Exceptional Child, p. 608) Oryx Press, 1981. Contact: Corinne Garland, Child Development Resources, Williamsburg, VA 23185

An instrument which evaluates and measures changes in skills needed by parents of handicapped children from birth to 2 years of age. It rates 115 items in 7 knowledge and skill areas related to child care, teaching, and advocacy. It is used to identify needed skills and to plan and evaluate training activities for the parents. Cost: $3.00

TETC Skills Assessment, Assessment Instrument (Educational Projects for the Exceptional Child, p. 647) Oryx Press, 1981. Contact: Dr. William Hoehle, Southeast Mental Health and Retardation Center, Fargo, ND 58102

A hierarchy of developmentally appropriate behaviors designed to determine a preschool child's functioning level in four years of development: language-cognitive, personal-social, gross motor, and fine motor.

Working with Parents: Individualizing Needs, 1981 (What's Where? p. 107) developed by HPEEC Projects. Contact: WKEC-PEEEC, Murray State University, Murray, KY 42071

A manual which includes a rationale for parent involvement and the philosophy of the PEEEC Program, explains the Family Needs Assessment, utilized by PEEEC to establish individual family objectives and also describes strategies used to meet the objectives. Cost: $5.43

Instruments From Family Training Program for Atypical Infants and Children, Parent Assessment and Evaluation Devices (Educational Projects for the Exceptional Child, p. 848) Oryx Press, 1981. Contact: Sister Rachael Marie Cantalician, Center for Learning, Buffalo, NY 14214

Three assessment devices which assess various aspects of parent-infant interaction, including parents' knowledge, awareness, coping behavior, and care-giving skills. They help plan goals for a curriculum in a developmentally family-oriented program to promote development in handicapped or delayed infants and young children. Administered at the beginning and again at the end of the program, they measure change in parent behavior and understanding. Cost: $1.50

Working With Families, 1976 (What's Where? p. 106) developed by HPEEC Projects. Contact: Kaplan Press, Winston-Salem, NC 27103

A manual for planning and implementing positive family participation in child development programs contains information on parent needs, numerous detailed suggested strategies for involving families, additional readings and sample forms. Cost: $11.90

Two Emerging Models of Parent-Training: General and Problem-Specific, 1981 (What's Where? p. 103) developed by HPEEC Projects. Contact: Early Childhood Institute, University of Kansas, Lawrence, KS 66045

A paper which discusses the development of: (1) intervention methods for specific problem behaviors experienced by children and families, and (2) intervention techniques for treating comprehensive family interaction problems. Cost: $2.75

Teaching Parents to Teach, 1976 (What's Where? p. 98) developed by HPEEC Projects. Contact: Walker Educational Book Corp., New York, NY 10019

A guide which presents practical suggestions from psychologists and educators for organizing parent-involvement activities, especially for early childhood special education programs. Cost: $13.81

Project KIDS Family Involvement Package, 1976 (What's Where? p. 82) developed by HPEEC Projects. Contact: Project KIDS, Dallas, TX 75219

A package which includes a description of the family involvement program, a list of parent competencies, a Self-Assessment Inventory, a listing of training activities and an evaluation of the family involvement program. Cost: $5.25

The Parent Volunteer System: Manual and Activity Catalog for Teachers, 1980 (What's Where? p. 68) developed by HPEEC Projects. Contact: Regional Program for Preschool Handicapped Children, Yorktown Heights, NY 10598

A manual and activity catalog which are used to train teachers in a system of involving parents as volunteers. They include samples of instructions for parents, suggested group activities and suggested parent orientation and training sessions. Cost: $10.00

Parent Needs and Strengths Assessment, 1981 (What's Where? p. 68) developed by HPEEC Projects. Contact: Pediatric Intervention Program, Sonoma State University, Rohnert Park, CA 94928

A handout which assess parent's knowledge, skill, rating of importance and preferred method of receiving information in the areas of: education, child development, support, and legal issues. It is useful in program evaluation after use as a needs assessment. Cost: $2.00.

Parent Program Manual, 1980 (What's Where? p. 67) developed by HPEEC Projects. Contact: Project WISP/Outreach, Laramie, WY 82071

A "how-to" manual which includes information on: the role of the parent coordinator, parent orientation and identification of needs, parent education plan, home visits, parent meetings and reproducible data-gathering forms. Cost: $3.50

Individualizing Parent Involvement, WESTAR Series Paper 3, 1979 (What's Where? p. 45) developed by HPEEC Projects. Contact: ERIC Document Reproduction, Arlington, VA 22210

A paper discussing five components: (1) hints for determining parent needs, (2) family checklist, (3) activity list, (4) comments on activity list and evaluation ideas, and (5) a form for recording parent activities. Cost: $4.56

PEECH Parent Questionnaire (Gathering Information from Parents, p. 27) TADScripts, 1981. Contact: PEECH Project, Colonel Wolfe School, Champaign, IL 61820

A questionnaire designed to assess parent's perceptions: (1) of the quality and impact of services provided to their children and (2) of their own involvement in the parent program. It consists of a series of yes/no questions, rating scale items, and open-ended items describing child progress and parent involvement.

Skills Inventory for Parents (described in Gathering Information from Parents, p. 22) TADScripts, 1981. Contact: Child Development Resources, Lightfoot, VA 23090

An assessment device which measures changes in skills that result from both group and individual programs offered to parents in a home-based prescriptive infant program. It also offers guidelines for setting behavioral goals for parents that can be addressed by program activities. The SIP is divided into seven parts, each representing an area of parental skill that may affect the success of the program and/or the child's growth and well being. Cost: $5.00

The Professional's Assessment of Parent Needs and Progress (Gathering Information from Parents, p. 9) TADScripts, 1981. Contact: Project RHISE/Outreach, Children's Development Center, Rockford, IL 61103

A tool which identifies parent training needs in nine areas and is first completed by several program professionals. Then the parent programmer summarizes all of the information collected by professionals. In this way, the primary program needs of the parents are determined. Possible parent needs: understanding of normal child development, relationship with child, and realistic outlook for child's future. Respondents rate mother and father separately on each item. No charge

Readiness Levels of Parents (Gathering Information from Parents, p. 20) TADScripts, 1981. Contact: Project RHISE/Outreach, Children's Development Center, Rockford, IL 61103

An assessment device which assists in establishing appropriate expectations for parents, highlighting parent progress, and encouraging more parent involvement with intervention actions. No charge

Home Observation for Measurement of the Environment (Home) (Gathering Information from Parents, p. 12) TADScripts, 1981. Contact: Center for Child Development and Education, University of Arkansas at Little Rock, Little Rock, AR 72204

An instrument for measuring the child's early developmental environment. It is comprised of yes/no items designed to sample the social, emotional, and cognitive support available in the child's home. Completed during a home visit when the child is awake and can be observed interacting with the primary care giver. Cost: $12.00

Parent Questionnaire Preschool Handicapped Program (Gathering Information from Parents, p. 25) TADScripts, 1981. Contact: Board of Cooperative Eduational Services, Yorktown Heights, NY 10598

A questionnaire which allows parents to evaluate the program with anonymity in five major domains. The questionnaire consists of checklists, rating scales, and detailed instructions. Five areas: understanding, attitudes, perceived change in child, involvement in the program, and open-ended questions. No charge

Needs Assessment, Parent Questionnaire. Contact: Karen Ortiz, Sunshine Preschool, Developmental Disabilities Council, Inc., Region 10, P.O. Box 134, Delta, CO 81416

A questionnaire designed to individualize parent involvement in special education preschool. Areas covered, answered "very interested," "somewhat interested," or "not interested": (1) how can I help my child's growth, (2) health and safety, (3) family living, (4) eduation, (5) some other things parents would like to know about, and (6) what areas of the program parents would be interested in becoming involved in.

Parent Interview Form. Contact: Project RHISE/Outreach (Rockford Handicapped Infants Service Expansion) Children's Development Center, 650 N. Main St., Rockford, IL 61103

A form designed to be administered to the parents of children who have been referred to this program. The majority of the information will be obtained via interview conducted by the psychologist after a developmental delay has been found. It is designed to assist in assessing the parent's information and attitudinal needs with regard to their developmentally delayed child, and to supply demographic and family history information for the Project RHISE research paradigm.

Child Behavior Checklist. Contact: Project RHISE/Outreach, Children's Development Center 650 N. Main St., Rockford, IL 61103

Designed to help the parent learn effective observation techniques in order to assist their child in developing behaviors which will lead to more effective and efficient learning. It is designed for use by the parent in conjunction with the teacher, therapist, or other developmental specialist working with the child. It focuses on five major areas: (1) attention, (2) compliance, (3) expression, (4) comprehension, and (5) social awareness.

Parents' Needs Assessment Checklist. Contact: Ann Rivers, 9823 Lake Avenue #204, Cleveland, OH 44102

An assessment which covers the areas: (1) communication with professionals, (2) family living, (3) relief, (4) personal thoughts, (5) social activities, (6) other concerns, (7) education, and (8) future. The areas under these headings are answered by checking, not a problem, small problem, medium-sized problem, serious problems, very severe problems or NA.

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